



## Missouri Pharmacy Program – Preferred Drug List



### DPP-IV Inhibitors Effective 07/05/2007

#### Preferred Agents

- Januvia®

#### Non-Preferred Agents

Approval Criteria	Denial Criteria
Documented or inferred diabetes mellitus diagnosis <ul style="list-style-type: none"><li>○ Oral hypoglycemic agent (at least 1 prescription)</li></ul>	Therapy will be denied if no approval criteria are met
	Drug Prior Authorization Hotline: (800) 392-8030.